PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

203027150

						·		L L	2000	/	IV	\sim
		CLAIMS AS	S FILED - (Column		5			SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			20				Г	RATE	FEE]	RATE	FEE
FC	PR		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	·710.00
TC	TAL CHARGEA	BLE CLAIMS	20 minus 20=		· Ø			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	_AIMS	3 minus 3 =		· B			X40=		OR	X80=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		1	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in col			olumn 2	L	TOTAL		OR OR	TOTAL	715
CLAIMS AS AMENDED - PART II								IOIAL		UH	OTHER	HO THAN
	Eller of Marie Marie Marie	(Column 1)	(Column			(Column 3)	SMALL ENTITY			OR	SMALL	
AMENDMENT A	4.544 5.544	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEÈ		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u> - </u>		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	AD	DIT. FEE		10.1	ADDIT. FEE	
AMENDMENT B	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CLAIMS REMAINING AFTER AMENDMENT	2 . V	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			105				
							Ľ	-135= TOTAL		OR	+270= TOTAL	
		(Column 1)		(O = l	O\	(0.1,	ADi	DIT. FEE		OR ,	ADDIT. FEE	
		CLAIMS		(Colur		(Column 3)	_					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	01.4194	=		X40=		OR	X80=	
	FINST PRESE	NTATION OF MIC	JETIPLE DEF	ENDENI	CLAIM			135=			.070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		OR	+270= TOTAL	
ILIDE HIGHEST NUMBER PROVIDUSIV POID FOR IN THIS SPACE IS IDEC than 30 Antas 400 "								OIT. FEE			DDIT. FEE	
			GIOI (IOIAIOI			. 1 -		in the app	ropriate box	ın colı	umn 1.	
	1 PTO-8 75 8/00)			st F	WOI	IONIO	_		ark Office, U.S		ARTMENT OF	
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WH - 10, 909 Us

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CLAIMS AS FILED - PART I (Column 1)						SMALL ENTITY Column 2) TYPE TYPE			ITITY	OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			21				ſ	RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	21 minus 20=		* /			X\$ 9=		OR	X\$18=	18
IND	EPENDENT CL	AIMS	<i>)</i> mir	nus 3 =	· &			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	_
* If the difference in column 1 is less than zero, enter "						olumn 2	ı	TOTAL		OR	TOTAL	728
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	NTITY	OR	OTHER SMALL	THAN
ENT A	4 14 14 2 14 14 1	CLAIMS REMAINING AFTER AMENDMENT	# # # 71			PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN'	T CLAIM		1	+135=		OR	+270=	
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	·	(Column 1)		(Colu	mn 2)	(Column 3)			•			
AMENDMENT B	*	CLAIMS REMAINING AFTER AMENDMENT	東マ	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
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	THO THE	INTATION OF M	OCTIT EE DET	LNDLIN	1 027 (11)	<u> </u>	ן נ	+135=		OR	+270=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	ij
MEI	Independent	*	Minus	***		=	╽	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	T CLAIM		┛					
	If the entry in colu	mn 1 is less than	the entry in colu	mn 2, writ	te "0" in co	lumn 3.		+135= TOTAL		OR	+270= TOTAL	<u> </u>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												